Case 21-11430-mdc Doc 29 Filed 06/30/21 Entered 06/30/21 16:15:00 Desc Main Document Page 1 of 2

Fill	in this information to identify your ca	ase:										
De	btor 1 Bruce King Redding, Jr.											
1 -	btor 2 puse, if filing)				_							
Un	ited States Bankruptcy Court for the	: EASTERN DISTRICT	OF PENNSYLVAN	IA								
Ca	se number 21-11430					Check	if this is:	:				
(If k	nown)		-				amende	•				
									ng postpetition following date:			
0	fficial Form 106l					MM / DD/ YYYY						
S	chedule I: Your Inc	ome				12/1						
spo	plying correct information. If you use. If you are separated and you ch a separate sheet to this form. The describe Employment	ır spouse is not filing w	ith you, do not incl	ude infor	mati	on about y	our spo	ouse. If m	ore space is	needed,		
1.	Fill in your employment information.		Debtor 1	Debtor 1				Debtor 2 or non-filing spouse				
	If you have more than one job, attach a separate page with information about additional employers.	Employment status	■ Employed				☐ Employed					
		Employment status	☐ Not employed				■ Not employed					
		Occupation	Engineer									
	Include part-time, seasonal, or self-employed work.	Employer's name	Transdermal Specialties Global									
	Occupation may include student or homemaker, if it applies.	Employer's address Transdermal Laborato 400 Sagner Ave, ste 30 Frederick, MD 21701										
		How long employed t	here? Since	2016			_					
Pa	rt 2: Give Details About Mor	nthly Income										
	imate monthly income as of the dause unless you are separated.	ate you file this form. If	you have nothing to	report for	any	line, write \$	0 in the	space. In	nclude your no	n-filing		
	ou or your non-filing spouse have mo e space, attach a separate sheet to		ombine the informati	on for all e	empl	oyers for th	at perso	on on the	lines below. If	you need		
						For Debte	or 1		ebtor 2 or ling spouse			
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$		0.00	\$	0.00			
3.	Estimate and list monthly overt		3.	+\$		0.00	+\$	0.00				
4.	Calculate gross Income. Add lir	ne 2 + line 3.		4.	\$	C	0.00	\$	0.00			

Official Form 106I Schedule I: Your Income page 1

Deb	tor 1	Bruce King Redding, Jr.	_	С	ase number (if kr	nown)	21-11	430		
	Con	av line 4 hove	4		For Debtor 1	2.00	non-	Debtor 2 ofiling spo	use	
	Cop	py line 4 here	4.		\$	0.00	\$		0.00	
5.	List	t all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a	ì.	\$	0.00	\$		0.00	
	5b.	Mandatory contributions for retirement plans	5b		. —	0.00	\$		0.00	
	5c.	Voluntary contributions for retirement plans	5c			0.00	\$		0.00	
	5d.	Required repayments of retirement fund loans	5d		. — —	0.00	\$		0.00	
	5e. 5f.	Insurance Domestic support obligations	5e 5f.			0.00	\$		0.00	
	5g.	Union dues	5g		·	0.00	\$ 		0.00	
	5h.	Other deductions. Specify:		,	·	0.00	· · —		0.00	
6.		d the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.			0.00	\$		0.00	
			7.				\$			
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.	•	Φ <u> </u>	0.00	Φ		0.00	
8.	List 8a.	t all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	90		\$		¢		0.00	
	8b.	Interest and dividends	8a 8b		·	0.00	\$		0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce		,.	Ψ	<u> </u>	Ψ		0.00	
		settlement, and property settlement.	8c) .	\$ (0.00	\$		0.00	
	8d.		8d	i.		0.00	\$		0.00	
	8e.	Social Security	8e	€.	\$ 1,528	3.00	\$	50	2.63	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	e 8f.		\$ (0.00	\$		0.00	
	8g.	Pension or retirement income	 8g	J.		0.00	\$		0.00	
	8h.	Other monthly income. Specify:	8h	1.+	\$	0.00	+ \$		0.00	
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	1,528	3.00	\$	1,2	92.63	
10.	Cal	culate monthly income. Add line 7 + line 9.	10.	\$	1,528.00	+ \$	1 20	92.63 =	\$	2,820.63
		If the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		*-	1,020.00				· —	_,0_0.00
11.	Star Incl othe Do	State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00								
12.	Wri	d the amount in the last column of line 10 to the amount in line 11. The restet that amount on the Summary of Schedules and Statistical Summary of Certaillies						12. \$	ombin	2,820.63
13.	Do	you expect an increase or decrease within the year after you file this form No.						m		income
		Yes. Explain: Increase, possibly from salary when the compan	y is	full	y funded an	d re-	organiz	zed.		

Official Form 106l Schedule I: Your Income page 2